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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number <i>09/99319</i>	Filing Date			
Substitute for Form PTO-1360 (For use with Form PTO/SB/05)						Applicant(s)				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments			
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Total Depend			<i>21</i>			<i>12</i>				
Total Claims			<i>30</i>			<i>13</i>				

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